	- DORRIGHD FITCH.				
NO. OF COPIES RECEIVED	Ī	,			
DISTRIBUTION	NEW MEXICO OU C	ONSERVATION COMMISSION	Form C-104		
SANTA FE	REQUEST	Supersedes Old C-104 and C-116			
FILE		AND			
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
LAND OFFICE					
IRANSPORTER GAS	+				
OPERATOR					
PRORATION OFFICE					
Conoco Inc.					
Address					
P.O. Box 460	, Hobbs, New Mexico 8824	40			
Reason(s) for filing (Check proper box	<i>:)</i>	Other (Please explain)			
New Well	Change in Transporter of:	Change of corpo			
Recompletion	Oil Dry Ga	f 1 1	Company effective		
Change in Ownership	Casinghead Gas Conder	July 1, 1979.	·		
If change of ownership give name and address of previous owner			-		
· .	-				
II. DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	ormation Kind of Lease	Lease No.		
MCA Unit Bluy	337 Maljamar G	J-SA State, Federa	1 or Fee LC - 058396		
Location U	5 Feet From The V Lin	ne and 25 Feet From 7	The E		
Unit Letter T : Vlo	a reet From The	1 001 1011			
Line of Section 77	ownship 17-5 Range) 2- E, NMPM, de	County		
III. DESIGNATION OF TRANSPOR	TER OF OU. AND NATURAL GA	AS			
Name of Authorized Transporter of Co	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)		
Novain Pipeline	Company	N. Freeman Ave. Ar	tesia NM		
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)		
VONOCO Inc	Malanar Ent No. 60		ouston, TX		
If well produces oil or liquids,	Unit Sec. Twp. Pige.	Is gas actually connected? Who	en - 11 Å		
give location of tanks.	A 26 11 32	yes	<i>N</i> /A		
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Resty, Diff. Resty,		
Designate Type of Completi	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth		
Lievations (DF, NRB, NT, GR, etc.)	Name of Francisco				
Perforations		,	Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			<u> </u>		
	1	1	<u> </u>		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		

GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Division Manager

SEP 21 1979

NMOCD (5) USGS (2) Partners (19), File

OIL CONSERVATION COMMISSION

APPROVED OCT 23 1979	, 19
BY Cheen Kylin	
TITLE District Supervisor	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.







Job separation sheet

NO. OF COPIES PECELYED			
DISTRIBUTION	CONSERVATION COMMISSION	Form C+104	
SANTA FE REQUEST	FOR ALLOWABLE	Supersedes Califolia Augustinii	
FILE	AND	Filestive (=)-As	
LAND OFFICE AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS		
TRANSPORTER O'L			
GAS			
OPERATOR PRORATION OFFICE			
Cremity.			
Conoco Inc.			
P.O. Box 460, Hobbs, New Mexico 88.	r (a		
Reasons) for thing . Creek proper box	Ciber (rilease explara)		
New Yest Change in Transporter to	' Change of corporate		
Hecoms letton 2.1	The state of the s	mpany effective	
Change in Caneconic Crisis and Time 2 Transport Conditions of the Condition Con	<u> July 1, 1979.</u>		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEAST Demonstrate Control of the Cont	rangering Similar Leade	15.6	
MCA Unit 337 Maljamar (1-5A State, Meneral State	Lc-05739	
Labration		~	
	. e ini <u>25</u> Peet From The _		
Line of Section 27 Tawaship 115 Sunie	32E men Lea		
	4.70		
II. DESIGNATION OF TRANSPORTER OF OH, AND NATURAL G	AS Address (Give address to which approved c.)	cover they form by to the sense.	
Navaio Pipeline Company	N. Freeman Ave. Artes	MK EIZ	
Name of Authorized Transporter of Casthanead Ods	Address Give namess to which upported of		
Continental Oil Co. Gasoline Plant No lo) F.O. Box 1306, Mali	amar, NM	
if well produces oil or liquids, A 26 17 5 326		WA	
If this production is commingled with that from any other lease or pool			
V. COMPLETION DATA		duritzki izmenickimi, niji se stv.	
Designate Type of Completion $= (X)$	Mexikel. Witkover Deecen 3.1		
Cote Special Date Sample Restry to Frag.	Toral Depta	2	
Elevations (5°, RKB, RT, 6R, *ic.) Name of Foodcoing Formation	Turing ta Gas Fay	cana Centro	
Periorations	De;	oth Casing Shipe	
	ID CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE CASING & TUBING SIZE	027.7321	340 (3 (2) 2)	
TO DESCRIPTION AND THE CONTRACT OF THE CONTRAC			
	ofter recovery of total volume of load oil and m lepth or be for full 24 hours)		
Cate First New Ct. Run To Tinks Date of Test	Producing Method (Flow, pump, gas lift, ero	2.,	
Length of Test Tubing Pressure	Casing Pressure Cn.	0x0 Sizo	
Actual Prog. During Test Cil-Bols.	Water-Bals. Ga	a - MOF	
GAS WELL			
Actual Prog. Test-MCF/D Length of Test	Bous, Condensate/MMCF Gra	avity of Congensate	
	i		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)	Coaing Pressure (Shut-in) Ch.	oke Size	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATIO	N COMMISSION	
M. CERTIFICATE OF COMPLIANCE	1000000	They	
I hereby certify that the rules and regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		· >2/	
	TITLE District Supervis	sor	
1727	This form is to be filed in comp		
////langeson	. If this is a request for allowable	for a newly drilled or deepened	
Division Manager	well, this form must be accompanied tests taken on the well in accordance	e with AULE 111.	
	All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.		
6-6-79			
MMCD (5) USGS (2) PARTHERS FILE	well name or number, or transporter, or Separate Forms C-104 must be	other such change of condition.	
ADDA A FARTHERS FIRE	permitted points Crios music occurrences series.		

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OIL CONSERVATION COMM.